

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889901

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER	
			1st AMENDMENT		2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	3					
TOTAL DEP.	24					
TOTAL CLAIMS	27					

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IND.	DEP.	IND.	DEP.	IND.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS